

CONGESTIVE HEART FAILURE
 Patient Care Treatment Form
 Completed when claiming tariff 8433

Date of Service of CDM Claim (YYYY-MM-DD)		Physician Surname		Physician Given Name		Billing #	
Patient Surname		Patient Given Name		Gender		Registration #	
				<input type="checkbox"/> F <input type="checkbox"/> M		PHIN #	
						Birthdate (YYYY-MM-DD)	

Weight (kg)

Height (cm)

Date Completed
(YYYY-MM-DD)

Blood Pressure Measurement
(18 years of age or older)

/
 Systolic Diastolic

N/A <18 years of age
 Outside of age range

Target <140/90 OR <130/80 with
renal disease and/or diabetes

Date Completed
(YYYY-MM-DD)

ACE-I ARB

Yes

No - if no, select the reason(s)

Left Ventricular Ejection Fraction (LVEF) >40% CI - contraindicated

NT - not tolerated \$ - financial barrier PR - patient refused

Date Completed
(YYYY-MM-DD)

Lipid Profile

Patient age: 18 - 74 years

Frequency: Once in 60 months

LDL

Target < 2.0 mmol/L

TC/HDL

Target < 4.0 mmol/L

Non HDLChol

Target <2.6 mmol/L

N/A - Patient prescribed statins

Date Completed
(YYYY-MM-DD)

Date of last
Statin Prescription
(yyyy-mm-dd)

NOTES:

- Please retain a copy of this form in your patient chart.
- This form can be submitted in person to **Manitoba Health, Seniors and Active Living** during business hours (8:30 am to 4:30 pm, Monday to Friday),
- or by mail to this address: **Claims Unit - Patient Care Treatment Forms
Manitoba Health, Seniors and Active Living
300 Carlton Street
Winnipeg, MB R3B 3M9**
- DO NOT FAX - any fax received will NOT be considered submitted.